

United States Bankruptcy Court Northern District of Illinois Eastern Division						Voluntary Petition					
Name of Debtor (if individual, enter Last, First, Middle): Dalmeida, Ayivi,						Name of Joint Debtor (Spouse) (Last, First, Middle): Dogbe, Kayi,					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Kayi Akpene Dogbe					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 8273						Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 0586					
Street Address of Debtor (No. & Street, City, and State): 5630 North Sheridan Road Apartment 728 Chicago, IL						Street Address of Joint Debtor (No. & Street, City, and State): 5630 North Sheridan Road Apartment 728 Chicago, IL					
<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE 60660 </div>						<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE 60660 </div>					
County of Residence or of the Principal Place of Business: Cook						County of Residence or of the Principal Place of Business: Cook					
Mailing Address of Debtor (if different from street address):						Mailing Address of Joint Debtor (if different from street address):					
<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>						<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>					
Location of Principal Assets of Business Debtor (if different from street address above):											
<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>											
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____				Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)				Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div style="width: 45%;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> <hr/> Nature of Debts (Check one box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." </div> <div style="width: 45%;"> <input type="checkbox"/> Debts are primarily business debts. </div> </div>			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.						Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <input checked="" type="checkbox"/> 1-49 </div> <div style="width: 10%;"> <input type="checkbox"/> 50-99 </div> <div style="width: 10%;"> <input type="checkbox"/> 100-199 </div> <div style="width: 10%;"> <input type="checkbox"/> 200-999 </div> <div style="width: 10%;"> <input type="checkbox"/> 1,000-5,000 </div> <div style="width: 10%;"> <input type="checkbox"/> 5,001-10,000 </div> <div style="width: 10%;"> <input type="checkbox"/> 10,001-25,000 </div> <div style="width: 10%;"> <input type="checkbox"/> 25,001-50,000 </div> <div style="width: 10%;"> <input type="checkbox"/> 50,001-100,000 </div> <div style="width: 10%;"> <input type="checkbox"/> Over 100,000 </div> </div>											
Estimated Assets <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <input checked="" type="checkbox"/> \$0 to \$50,000 </div> <div style="width: 10%;"> <input type="checkbox"/> \$50,001 to \$100,000 </div> <div style="width: 10%;"> <input type="checkbox"/> \$100,001 to \$500,000 </div> <div style="width: 10%;"> <input type="checkbox"/> \$500,001 to \$1 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$1,000,001 to \$10 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$10,000,001 to \$50 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$50,000,001 to \$100 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$100,000,001 to \$500 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$500,000,001 to \$1 billion </div> <div style="width: 10%;"> <input type="checkbox"/> More than \$1 billion </div> </div>											
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <input type="checkbox"/> \$0 to \$50,000 </div> <div style="width: 10%;"> <input checked="" type="checkbox"/> \$50,001 to \$100,000 </div> <div style="width: 10%;"> <input type="checkbox"/> \$100,001 to \$500,000 </div> <div style="width: 10%;"> <input type="checkbox"/> \$500,001 to \$1 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$1,000,001 to \$10 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$10,000,001 to \$50 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$50,000,001 to \$100 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$100,000,001 to \$500 million </div> <div style="width: 10%;"> <input type="checkbox"/> \$500,000,001 to \$1 billion </div> <div style="width: 10%;"> <input type="checkbox"/> More than \$1 billion </div> </div>											

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 50	
Name of Debtor(s): Ayivi Dalmeida, Kayi Dogbe			
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div><div><input checked="" type="checkbox"/> s/ Samuel Z. Goldfarb</div><div>3/30/2009</div><div>Signature of Attorney for Debtor(s)</div><div>Date</div><div>Samuel Z. Goldfarb</div><div>0991538</div></div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). <div>(Name of landlord that obtained judgment)</div> <div>(Address of landlord)</div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Document Page 3 of 50 Name of Debtor(s): Ayivi Dalmeida, Kayi Dogbe	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X s/ Ayivi Dalmeida _____ Signature of Debtor Ayivi Dalmeida X s/ Kayi Dogbe _____ Signature of Joint Debtor Kayi Dogbe _____ Telephone Number (If not represented by attorney) 3/30/2009 _____ Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X Not Applicable _____ (Signature of Foreign Representative) _____ (Printed Name of Foreign Representative) _____ Date	
Signature of Attorney X s/ Samuel Z. Goldfarb _____ Signature of Attorney for Debtor(s) Samuel Z. Goldfarb Bar No. 0991538 _____ Printed Name of Attorney for Debtor(s) / Bar No. Borovsky and Ehrlich _____ Firm Name 111 East Wacker Drive Suite 1325 _____ Address Chicago, Illinois 60601 _____ (312) 861-0808 (312) 819-0948 _____ Telephone Number 3/30/2009 _____ Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Not Applicable _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X Not Applicable _____ Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. If more than one person prepared this document, attach to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Not Applicable _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re Ayivi Dalmeida Kayi Dogbe
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: s/ Ayivi Dalmeida
Ayivi Dalmeida

Date: 3/30/2009

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re Ayivi Dalmeida Kayi Dogbe
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: s/ Kayi Dogbe
Kayi Dogbe

Date: 3/30/2009

B6A (Official Form 6A) (12/07)

In re: Ayivi Dalmeida Kayi Dogbe,
Debtors

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
2 room house in Lome, Tago 1/13th owner with 12 siblings, property inherited in 8/08 at death of father	Co-Owner	H	\$ 0.00	\$ 0.00
Total >			\$ 0.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re **Ayivi Dalmeida Kayi Dogbe**

Case No. _____

Debtors

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash on Hand		10.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit		640.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Used Household Furniture and Furnishings		600.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Used Clothing	H	200.00
Wearing apparel.		Used Clothing	W	200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Ayivi Dalmeida Kayi Dogbe**

Case No. _____

Debtors

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<p><u>1</u> continuation sheets attached</p>				<p>Total \$ 1,650.00</p>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (12/07)

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
\$136,875

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash on Hand	735 ILCS 5/12-1001(b)	10.00	10.00
Security Deposit	735 ILCS 5/12-1001(b)	640.00	640.00
Used Clothing	735 ILCS 5/12-1001(a),(e)	200.00	200.00
Used Clothing	735 ILCS 5/12-1001(a),(e)	200.00	200.00
Used Household Furniture and Furnishings	735 ILCS 5/12-1001(b)	600.00	600.00

B6D (Official Form 6D) (12/07)

In re Ayivi Dalmeida Kayi Dogbe,
Debtors

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 45-2034 Turner Acceptance Corporation c/o Law Offices of Paul D. Lawent P.O. Box 5718 Elgin, IL 60121-5718		J	Furniture VALUE \$600.00				2,446.00	0.00

0 continuation sheets
attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$	2,446.00	\$	0.00
\$	2,446.00	\$	0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12/07)

In re Ayivi Dalmeida Kayi Dogbe

Debtors

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (12/07) – Cont.

In re Ayivi Dalmeida Kayi Dogbe,
Debtors

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									\$0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

\$	0.00	\$	0.00	\$	0.00
\$	0.00				
		\$	0.00	\$	0.00

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities
and Related Data.)

B6F (Official Form 6F) (12/07)

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3717-0697-0261-007 American Express c/o Firstsource Advantage, LLC P.O. Box 628 Buffalo, NY 14240-0628	H	Credit Card				5,290.00
ACCOUNT NO. 3725-523193-51003 American Express Customer Service P.O. Box 297804 Ft. Lauderdale, FL 33329-7804 Nationwide Credit P.O. Box 740640 Atlanta, Ga 30374-0640	H	Credit Card				1,982.00
ACCOUNT NO. 3717-137062-51005 American Express Customer Service P.O. Box 297804 Ft. Lauderdale, FL 33329-7804	H	Credit Card				2,851.00
ACCOUNT NO. 3712-790314-01004 American Express Customer Service P.O. Box 33329-7804 Ft.Lauderdale, FL 33329-7804 Firstsource Advantage, LLC P.O. Box 628 Buffalo, NY 14240-0628	H	Credit Card				1,675.00

10 Continuation sheets attached

Subtotal >	\$ 11,798.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1278-12857099 American General Finance 3632 W. 95th Street Evergreen Park, IL 60825-2106	H	Personal Loan				1,283.00
ACCOUNT NO. 3634 Americash Loans 5310 N. Broadway Chicago, IL 60640	W	Personal Loan				1,416.00
ACCOUNT NO. *****T CAS-3522 Asset Acceptance Corporation P.O. Box 2036 Warren, MI 48090-2036	H	Unknown			X	379.00
ACCOUNT NO. 5406-3300-1361-5299 Atlantic Credit and Finance/HSBC c/o Protocol Recovery Service 509 Mercer Avenue Panama City, FL 32401-2631	H	Mastercard				787.00
ACCOUNT NO. 9542380 Avon c/o Allied Data Corporation 13111 Westheimer Suite 400 Houston, TX 77077-5547	H	Catalog Sales				287.00

Sheet no. 1 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 4,152.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 05085-878 Avon Avon Products P.O. Box 94223 Palatine, IL 60094-4223	W	Catalog Sales				95.00
ACCOUNT NO. 5343155 Avon Products, Inc. 6901 Golf Road Morton Grove, IL 60053 OSI Collection Services P.O. Box 6110 Westerville, OH 43086-6110	H	Catalog Sales				277.00
ACCOUNT NO. 14619197070902718 CACH, LLC c/o Pentagroup Financial, LLC 5959 Corporate Drive Suite 1400 Houston, TX 77036	H	Visa				615.00
ACCOUNT NO. 4862-3671-4017-5078 Capital One c/o Portfolio Recovery Associates P.O. Box 12914 Norfolk, VA 23541	H	Visa				633.00

Sheet no. 2 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 1,620.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5178-0573-0314-8949 Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285	W	Mastercard				698.00
ACCOUNT NO. 3108890 CashCall, Inc. P.O. Box 66007 Anaheim, CA 92816	W	Personal Loan				1,990.00
ACCOUNT NO. xxxx2590 Chase P.O. Box 260180 Baton Rouge, LA 70826-0180	W	Overdrafts				779.00
ACCOUNT NO. 111000000657820189 Chase c/o Plaza Associates P.O. Box 18008 Hauppauge, NY 11788-8808 Law Offices of Mitchell N. Kay, P.C. P.O. Box 2374 Chicago, IL 60690-2374	H	Overdrafts				1,073.00

Sheet no. 3 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 4,540.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe Case No. _____
 Debtors (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4266 9020 1911 8353 Chase Bank, USA c/o Sarah A. Faulkner Chase Bank 131 S. Dearborn, 5th Floor Chicago, IL 60603		Visa				7,446.00
ACCOUNT NO. 123574 Chicago Emergency Physicians, LLP c/o United Collection Bureau 4100 Horizons Drive Suite 101 Columbus, OH 43220	W	Medical Services				575.00
ACCOUNT NO. 4753799061 Commonwealth Edison Company Bill Payment Center Chicago, Illinois 60668-0001 Er Solutions, Inc. 800SW 39th Street P.O. Box 9004 Renton, WA 98057	H	Electric Service				347.00
ACCOUNT NO. 4447-9621-1773-4388 Credit One Bank P.O. Box 60500 City of Industry, Ca 91760-0500	H	Visa				242.00

Sheet no. 4 of 10 continuation sheets attached to Schedule of Creditors
 Holding Unsecured
 Nonpriority Claims

Subtotal >	\$ 8,610.00
Total >	\$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe Debtors Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4447-9621-6006-3081 Credit One Bank P.O. Bank 60500 City of Industry, CA 91716-0500 Alliance One 4850 Street Road Suite 300 Travose, PA 19053	W	Visa				1,214.00
ACCOUNT NO. 6879-4501-1904-0496-154 Dell Preferred Account P.O. Box 6403 Carol Stream, IL 60197-6403 ER Solutions, Inc. 800 SW 39th Street P.O. Box 9004 Renton, WA 98057	H	Telephone Purchase				3,463.00
ACCOUNT NO. 8895409 Department Stores National Bank c/o Client Services, Inc./Citicards P.O. Box 1503 St. Peters, MO 63376-0027	W	Credit Card				455.00
ACCOUNT NO. 43768767859 Department Stores National Bank/Macy's c/o National Group, Inc. P.O. Box 390846 Edina, MN 55439	H	Store Account				939.00

Sheet no. 5 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 6,071.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2185921218 Fingerhut 6250 Ridgewood Road St. Cloud, MN 56303	W	Mail Order				240.00
ACCOUNT NO. 3108890 First Bank of Delaware 1000 Rocky Run Parkway Wilmington, DE 19803	W	Personal Loan				1,000.00
ACCOUNT NO. 553040867 First Cash Advance 4853-A Broadway Chicago, IL 60640	H	Personal Loan				786.00
ACCOUNT NO. 10544662 Global Acceptance Crediit Co., LLP c/o Mercantile Adjustmet Bureau, LLC P.O. Box 9016 Williamsville, NY 14231-9016 FMA Alliance P.O. Box 2409 Houston, TX 77252-2409	H	Personal Loan				2,600.00

Sheet no. 6 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 4,626.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 43519081-314-510-MIA HSBC Card Services c/o I.C. Systems Inc. 444 Highway 96 East P.O. Box 64887 St. Paul, MN 55164-0887	W	Credit Card				557.00
ACCOUNT NO. 773-355-8542 InPhonic ATTN: NCCT-19 P.O. Box 3156 Reston, VA 20195	H	telephone Service				9.99
ACCOUNT NO. 051-3176-586-52 Kohl's P.O. Box 2983 Milwaukee, WI 53201-2983 Tritum Card Services 865 Merrick Avenue 4th Floor Westbury, NY 11590	W	Store Credit Card				441.00
ACCOUNT NO. 5418-2248-7490-9709 LVNV Funding/Resurgent Capital Services, Washington Mutual c/o Financial Recovery Services P.O. Box 385908 Minneapolis, MN 55438-5908	H	Mastercard				1,114.00

Sheet no. 7 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 2,121.99
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe Case No. _____
 Debtors (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 17-457-687-678-594-0 Macy's P.O. Box 689195 Des Moines, IA 50368	H	Store Credit Account				705.00
ACCOUNT NO. 21031007701 Macy's Bloomingdale's c/o National Enterprise Systems 29125 Solon Road Solon, OH 44139-3442	W	Store Account				220.00
ACCOUNT NO. 3HR09477 MCI c/o CBCS P.O. Box 163250 Columbus, OH 43216-3250 CS Services Limited Partnership Collection Agency Division 6330 Gulfton Houston, TX 77081	H	Telephone Service				115.00
ACCOUNT NO. 5259-8300-0867-4894 Midland Credit Management Inc./Tribute c/o Norrthland Group, Inc. P.O. Box 390846 Edina, MN 55439-0846	H	Mastercard				765.00

Sheet no. 8 of 10 continuation sheets attached to Schedule of Creditors
 Holding Unsecured
 Nonpriority Claims

Subtotal >	\$ 1,805.00
Total >	\$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 12234869 Northwestern Memorial Hospital c/o Harris and Harris 600 W. Jackson Suite 400 Chicago, IL 60661	H	Medical Services				207.00
ACCOUNT NO. 3600628 Northwestern Memorial Physicians Group 75 Remittance Drive Suite 1293 Chicago, IL 60675-1293	H	Medical Services				40.00
ACCOUNT NO. 11959420 Pay Day One P.O .Box 101842 Fort Worth, TX 76185	H	Personal Loan				509.00
ACCOUNT NO. 11953878 Pay Day One P.O. Box 101842 Fort Worth, TX 76185	W	Personal Loan				994.00
ACCOUNT NO. PD005-91006-30620001 Payday Loan Store of Illinois, Inc. 7001 N. Clark Chicago, IL 60651	W	Personal Loan				663.00

Sheet no. 9 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 2,413.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. *****8791 Target National Bank c/o Payment Processing P.O. Box 59231 Minneapolis, MN 55459-0231 ARM, Inc. P.O. Box 129 Thorofare, NJ 08086-0129	W	Credit Card				388.00
ACCOUNT NO. 661067101 T-Mobile P.O. Box 742596 Cincinnati, OH 45274-2596 Diversified Consultants, Inc. P.O. Box 551268 Jacksonville, FL 32255-1268	W	Telephone Services				941.00
ACCOUNT NO. xxx-xxxx969-7 Washington Mutual P.O. Box 1097 Northridge, CA 91328-1097	H	Overdrafts				50.00

Sheet no. 10 of 10 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	1,379.00
Total >	\$	49,135.99

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Samuel Z. Goldfarb 0991538
Borovsky and Ehrlich
111 East Wacker Drive
Suite 1325
Chicago, Illinois 60601

(312) 861-0808
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Ayivi Dalmeida**

Social Security Number: **8273**

Case No:

Chapter **7**

Joint Debtor: **Kayi Dogbe**

Social Security Number: **0586**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	American Express c/o Firstsource Advantage, LLC P.O. Box 628 Buffalo, NY 14240-0628	Unsecured Claims	\$ 5,290.00
2.	American Express Customer Service P.O. Box 297804 Ft. Lauderdale, FL 33329-7804	Unsecured Claims	\$ 1,982.00
3.	American Express Customer Service P.O. Box 297804 Ft. Lauderdale, FL 33329-7804	Unsecured Claims	\$ 2,851.00
4.	American Express Customer Service P.O. Box 33329-7804 Ft.Lauderdale, FL 33329-7804	Unsecured Claims	\$ 1,675.00
5.	American General Finance 3632 W. 95th Street Evergreen Park, IL 60825-2106	Unsecured Claims	\$ 1,283.00

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No. _____

6.	Americash Loans 5310 N. Broadway Chicago, IL 60640	Unsecured Claims	\$ 1,416.00
7.	Asset Acceptance Corporation P.O. Box 2036 Warren, MI 48090-2036	Unsecured Claims	\$ 379.00
8.	Atlantic Credit and Finance/HSBC c/o Protocol Recovery Service 509 Mercer Avenue Panama City, FL 32401-2631	Unsecured Claims	\$ 787.00
9.	Avon Avon Products P.O. Box 94223 Palatine, IL 60094-4223	Unsecured Claims	\$ 95.00
10.	Avon c/o Allied Data Corporation 13111 Westheimer Suite 400 Houston, TX 77077-5547	Unsecured Claims	\$ 287.00
11.	Avon Products, Inc. 6901 Golf Road Morton Grove, IL 60053	Unsecured Claims	\$ 277.00
12.	CACH, LLC c/o Pentagroup Financial, LLC 5959 Corporate Drive Suite 1400 Houston, TX 77036	Unsecured Claims	\$ 615.00
13.	Capital One c/o Portfolio Recovery Associates P.O. Box 12914 Norfolk, VA 23541	Unsecured Claims	\$ 633.00
14.	Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285	Unsecured Claims	\$ 698.00

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No. _____

15.	CashCall, Inc. P.O. Box 66007 Anaheim, CA 92816	Unsecured Claims	\$ 1,990.00
16.	Chase P.O. Box 260180 Baton Rouge, LA 70826-0180	Unsecured Claims	\$ 779.00
17.	Chase c/o Plaza Associates P.O. Box 18008 Hauppauge, NY 11788-8808	Unsecured Claims	\$ 1,073.00
18.	Chase Bank, USA c/o Sarah A. Faulkner Chase Bank 131 S. Dearborn, 5th Floor Chicago, IL 60603	Unsecured Claims	\$ 7,446.00
19.	Chicago Emergency Physicians, LLP c/o United Collection Bureau 4100 Horizons Drive Suite 101 Columbus, OH 43220	Unsecured Claims	\$ 575.00
20.	Commonwealth Edison Company Bill Payment Center Chicago, Illinois 60668-0001	Unsecured Claims	\$ 347.00
21.	Credit One Bank P.O. Box 60500 City of Industry, Ca 91760-0500	Unsecured Claims	\$ 242.00
22.	Credit One Bank P.O. Bank 60500 City of Industry, CA 91716-0500	Unsecured Claims	\$ 1,214.00
23.	Dell Preferred Account P.O. Box 6403 Carol Stream, IL 60197-6403	Unsecured Claims	\$ 3,463.00

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No. _____

24.	Department Stores National Bank c/o Client Services, Inc./Citicards P.O. Box 1503 St. Peters, MO 63376-0027	Unsecured Claims	\$ 455.00
25.	Department Stores National Bank/Macy's c/o National Group, Inc. P.O. Box 390846 Edina, MN 55439	Unsecured Claims	\$ 939.00
26.	Fingerhut 6250 Ridgewood Road St. Cloud, MN 56303	Unsecured Claims	\$ 240.00
27.	First Bank of Delaware 1000 Rocky Run Parkway Wilmington, DE 19803	Unsecured Claims	\$ 1,000.00
28.	First Cash Advance 4853-A Broadway Chicago, IL 60640	Unsecured Claims	\$ 786.00
29.	Global Acceptance Crediit Co., LLP c/o Mercantile Adjustment Bureau, LLC P.O. Box 9016 Williamsville, NY 14231-9016	Unsecured Claims	\$ 2,600.00
30.	HSBC Card Services c/o I.C. Systems Inc. 444 Highway 96 East P.O. Box 64887 St. Paul, MN 55164-0887	Unsecured Claims	\$ 557.00
31.	InPhonic ATTN: NCCT-19 P.O. Box 3156 Reston, VA 20195	Unsecured Claims	\$ 9.99
32.	Kohl's P.O. Box 2983 Milwaukee, WI 53201-2983	Unsecured Claims	\$ 441.00

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No. _____

33.	LVNV Funding/Resurgent Capital Services, Washington Mutual c/o Financial Recovery Services P.O. Box 385908 Minneapolis, MN 55438-5908	Unsecured Claims	\$ 1,114.00
34.	Macy's P.O. Box 689195 Des Moines, IA 50368	Unsecured Claims	\$ 705.00
35.	Macy's Bloomingdale's c/o National Enterprise Systems 29125 Solon Road Solon, OH 44139-3442	Unsecured Claims	\$ 220.00
36.	MCI c/o CBCS P.O. Box 163250 Columbus, OH 43216-3250	Unsecured Claims	\$ 115.00
37.	Midland Credit Management Inc./Tribute c/o Norrthland Group, Inc. P.O. Box 390846 Edina, MN 55439-0846	Unsecured Claims	\$ 765.00
38.	Northwestern Memorial Hospital c/o Harris and Harris 600 W. Jackson Suite 400 Chicago, IL 60661	Unsecured Claims	\$ 207.00
39.	Northwestern Memorial Physicians Group 75 Remittance Drive Suite 1293 Chicago, IL 60675-1293	Unsecured Claims	\$ 40.00
40.	Pay Day One P.O. Box 101842 Fort Worth, TX 76185	Unsecured Claims	\$ 509.00
41.	Pay Day One P.O. Box 101842 Fort Worth, TX 76185	Unsecured Claims	\$ 994.00

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No. _____

42.	Payday Loan Store of Illinois, Inc. 7001 N. Clark Chicago, IL 60651	Unsecured Claims	\$ 663.00
43.	Target National Bank c/o Payment Processing P.O. Box 59231 Minneapolis, MN 55459-0231	Unsecured Claims	\$ 388.00
44.	T-Mobile P.O. Box 742596 Cincinnati, OH 45274-2596	Unsecured Claims	\$ 941.00
45.	Turner Acceptance Corporation c/o Law Offices of Paul D. Lawent P.O. Box 5718 Elgin, IL 60121-5718	Secured Claims	\$ 2,446.00
46.	Washington Mutual P.O. Box 1097 Northridge, CA 91328-1097	Unsecured Claims	\$ 50.00

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Ayivi Dalmeida**, and I, **Kayi Dogbe**, named as debtors in this case, declare under penalty of perjury that we have read the foregoing Numbered Listing of Creditors, consisting of **6 sheets** (not including this declaration), and that it is true and correct to the best of our information and belief.

Signature: **s/ Ayivi Dalmeida**
Ayivi Dalmeida

Dated: **3/30/2009**

Signature: **s/ Kayi Dogbe**
Kayi Dogbe

Dated: **3/30/2009**

B6G (Official Form 6G) (12/07)

In re: Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re: Ayivi Dalmeida Kayi Dogbe,
Debtors

Case No. _____
(If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **Ayivi Dalmeida Kayi Dogbe**

Case No. _____

Debtors

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Dishwasher	Housekeeping
Name of Employer	The Drake Hotel	The Drake Hotel
How long employed	15 months	1 year
Address of Employer	140 E. Walton Place Chicago, IL 60611	140 E. Walton Place Chicago, IL 60611

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

\$ 1,898.00 \$ 671.00

2. Estimate monthly overtime

\$ 0.00 \$ 0.00

3. SUBTOTAL

\$ 1,898.00 \$ 671.00

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 297.00 \$ 78.00

b. Insurance

\$ 0.00 \$ 0.00

c. Union dues

\$ 44.00 \$ 43.00

d. Other (Specify) _____

\$ 0.00 \$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 341.00 \$ 121.00

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,557.00 \$ 550.00

7. Regular income from operation of business or profession or farm
(Attach detailed statement)

\$ 0.00 \$ 0.00

8. Income from real property

\$ 0.00 \$ 0.00

9. Interest and dividends

\$ 0.00 \$ 0.00

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ 0.00

11. Social security or other government assistance
(Specify) _____

\$ 0.00 \$ 0.00

12. Pension or retirement income

\$ 0.00 \$ 0.00

13. Other monthly income

(Specify) _____

\$ 0.00 \$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00 \$ 0.00

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 1,557.00 \$ 550.00

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 2,107.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

NONE

B6J (Official Form 6J) (12/07)

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>640.00</u>
a. Are real estate taxes included? Yes _____ No <u>✓</u>		
b. Is property insurance included? Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>60.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>200.00</u>
d. Other _____	\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>0.00</u>
4. Food	\$	<u>400.00</u>
5. Clothing	\$	<u>100.00</u>
6. Laundry and dry cleaning	\$	<u>50.00</u>
7. Medical and dental expenses	\$	<u>50.00</u>
8. Transportation (not including car payments)	\$	<u>160.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>0.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>0.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other <u>Furniture</u>	\$	<u>125.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>200.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <u>Personal Grooming</u>	\$	<u>100.00</u>

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 2,085.00

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>2,107.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>2,085.00</u>
c. Monthly net income (a. minus b.)	\$	<u>22.00</u>

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re **Ayivi Dalmeida Kayi Dogbe**
Debtors

Case No. _____
Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,107.00
Average Expenses (from Schedule J, Line 18)	\$ 2,085.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 2,596.00

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re **Ayivi Dalmeida Kayi Dogbe**
Debtors

Case No. _____
Chapter **7**

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$49,135.99
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$49,135.99

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re **Ayivi Dalmeida Kayi Dogbe**,
Debtors

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	2	\$ 1,650.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 2,446.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	11		\$ 49,135.99	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,107.00
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 2,085.00
TOTAL		22	\$ 1,650.00	\$ 51,581.99	

B7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: **Ayivi Dalmeida Kayi Dogbe**

Debtors

Case No. _____

(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
0.00	Employment (Wife)	2007
24,326.00	Employment	2007
21,892.00	Employment	2008
10,433.00	Employment (Wife)	2008
6,160.00	Employment	2009 YTD
1,596.00	Employment (Wife)	2009 YTD

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
Chase Bank, USA v. Ayavi Dalmeida 07 M1 161821	Contract Action	Circuit Court of Cook County	Judgment Entered
Turner Acceptance v. Ayivi Dalmeida 07 M1 251545	Contract Action	Circuit Court of Cook County	Judgment Entered

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY
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11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Chase Bank	Checking Account	0.00, closed 10/08

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
5536 Norrh Sheridan Road Chicago, IL 60640	Ayivi Dalmeida	10/04-11/08

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 3/30/2009

Signature of Debtor s/ Ayivi Dalmeida
Ayivi Dalmeida

Date 3/30/2009

Signature of Joint Debtor (if any) s/ Kayi Dogbe
Kayi Dogbe

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. *(Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
Creditor's Name: Turner Acceptance Corporation	Describe Property Securing Debt: Furniture
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached *(if any)*

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 3/30/2009

s/ Ayivi Dalmeida
Ayivi Dalmeida
Signature of Debtor

s/ Kayi Dogbe

Kayi Dogbe

Signature of Joint Debtor (if any)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

Exhibit "C"

[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]

In re: **Ayivi Dalmeida**
Kayi Dogbe

Case No.:

Chapter: **7**

Debtor(s)

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

N/A

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

N/A

B 203
(12/94)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: Ayivi Dalmeida Kayi Dogbe
Debtors

Case No. _____
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>0.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☐ Debtor ☒ Other (specify) **as provided for by the Chicago Area Pre-Paid Legal Plan Fund**

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 3/30/2009

s/ Samuel Z. Goldfarb
Samuel Z. Goldfarb, Bar No. 0991538

Borovsky and Ehrlich
Attorney for Debtor(s)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Ayivi Dalmeida**
Kayi Dogbe
Debtors.

Case No.

Chapter **7**

STATEMENT OF MONTHLY NET INCOME

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor	Joint Debtor
Six months ago	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Five months ago	<u>\$ 1,479.00</u>	<u>\$ 0.00</u>
Four months ago	<u>\$ 1,746.00</u>	<u>\$ 1,001.00</u>
Three months ago	<u>\$ 1,899.00</u>	<u>\$ 1,037.00</u>
Two months ago	<u>\$ 2,744.00</u>	<u>\$ 1,027.00</u>
Last month	<u>\$ 1,370.00</u>	<u>\$ 316.00</u>
Income from other sources	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Total net income for six months preceding filing	<u>\$ 9,238.00</u>	<u>\$ 3,381.00</u>
Average Monthly Net Income	<u>\$ 1,539.67</u>	<u>\$ 563.50</u>

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Dated: **3/30/2009**

s/ Ayivi Dalmeida
Ayivi Dalmeida
Debtor

s/ Kayi Dogbe
Kayi Dogbe
Joint Debtor